

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

097 751 679

FILING DATE

12.29-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	3					
TOTAL DEP.	22					
TOTAL CLAIMS	25					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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